In re	John G	eorge Augusta	According to the calculations required by this statement:
Case Number:		Debtor(s) 2:11-bk-50251	■ The applicable commitment period is 3 years. □ The applicable commitment period is 5 years.
		(If known)	☐ Disposable income is determined under § 1325(b)(3).
			■ Disposable income is not determined under § 1325(b)(3). (Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	rt I.	REPORT OF IN	COM	IE .			
1	Marital/filing status. Check the box that applies and complete the balance of this part of this state. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.								
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Inco All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.						me''	Olumn A Debtor's Income	Column B Spouse's Income
2	Gros	s wages, salary, tips, bonuses, overtime, con	nmi	ssions.			\$	0.00	\$ 1,258.33
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.								
	a.	Gross receipts	\$	Debtor 0.00	\$	Spouse 0.00	1		
	b.	Ordinary and necessary business expenses	\$	0.00		0.00	1		
	c.	Business income	Su	btract Line b from			\$	0.00	\$ 0.00
4	the ap	s and other real property income. Subtract ppropriate column(s) of Line 4. Do not enter of the operating expenses entered on Line b	a nu	mber less than zero a deduction in Par). D (o not include any			
	b.	Gross receipts Ordinary and necessary operating expenses	\$	Debtor 0.00 0.00		Spouse 0.00 0.00			
			\$	0.00	\$	0.00	\$	0.00	\$ 0.00
5	b. c.	Ordinary and necessary operating expenses	\$	0.00 0.00	\$	0.00	\$	0.00	\$ 0.00
5	b. c.	Ordinary and necessary operating expenses Rent and other real property income	\$	0.00 0.00	\$	0.00	4		
	b. c. Inter Pensi Any a expen	Ordinary and necessary operating expenses Rent and other real property income rest, dividends, and royalties.	Su Su on a ts, in	regular basis, for acluding child sup ance payments or a ded in only one col	\$ Line the h port	0.00 0.00 e a household paid for that hts paid by the	\$	0.00	\$ 0.00
6	b. c. Inter Pensi Any a exper purp debto listed Unen Howe benef or B,	Ordinary and necessary operating expenses Rent and other real property income rest, dividends, and royalties. ion and retirement income. amounts paid by another person or entity, onses of the debtor or the debtor's dependent ose. Do not include alimony or separate main or's spouse. Each regular payment should be re-	son a ts, in the accordance to the control of the c	regular basis, for actuding child supunce payments or a ted in only one column B. e appropriate columtion received by years.	the hour mount mn(s) ou or	nousehold paid for that ats paid by the if a payment is of Line 8. your spouse was a	\$ \$ \$	0.00	\$ 0.00

	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate							
	maintenance payments paid by your spouse, but include all other payments of alimony or							
0	separate maintenance. Do not include any benefits received under the Social Security Act or							
9	payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.							
	Debtor Spouse							
	a. VA Benefits \$ 349.18 \$ 0.00							
		9.18	\$ 0.00					
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). 349	9.18	\$ 1,258.33					
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		1,607.51					
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD							
12	Enter the amount from Line 11	\$	1,607.51					
	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that							
	calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse	,						
	enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this							
	income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or th	e						
13	debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments							
	on a separate page. If the conditions for entering this adjustment do not apply, enter zero.							
	a.							
	b.							
	Total and enter on Line 13	\$	0.00					
14	Subtract Line 13 from Line 12 and enter the result.	\$	1,607.51					
1.7	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and		1,007.01					
15	enter the result.							
1.	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	S						
16	a. Enter debtor's state of residence: TN b. Enter debtor's household size: 2	•	46 422 00					
		\\$	46,432.00					
	Application of § 1325(b)(4). Check the applicable box and proceed as directed.							
17	■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment top of page 1 of this statement and continue with this statement.	perio	od is 3 years" at the					
	☐ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment of the amount of t		ramiad is 5 years"					
	at the top of page 1 of this statement and continue with this statement.	ient p	beriod is 5 years					
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME							
18	Enter the amount from Line 11.	\$	1,607.51					
	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of							
	any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as	3						
	payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's							
10	dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a							
19	separate page. If the conditions for entering this adjustment do not apply, enter zero.							
	a. \$							
	b.							
	Total and enter on Line 19.	\$	0.00					
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	1,607.51					
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 are enter the result.					20 by the number 12 and	\$	19,290.12
22	Applic	able median family incom	ne. Enter the amount from	m Lin	e 16.		\$	46,432.00
Application of § 1325(b)(3). Check the applicable box and proceed as directed. □ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is detended 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete 1					this statement. This posable income is no	t detern	nined under §	
Part IV. CALCULATION OF DEDUCTIONS FROM INCOME						OM INCOME		
		Subpart A: D	eductions under Star	ndar	ds of the Internal Revo	enue Service (IRS)		
24A	Enter in applica bankruj	nal Standards: food, appar n Line 24A the "Total" amouble number of persons. (T ptcy court.) The applicable r federal income tax return.	ount from IRS National his information is availa number of persons is the	Standable at the standard stan	ards for Allowable Living www.usdoj.gov/ust/ or fr nber that would currently	Expenses for the om the clerk of the be allowed as exemptions	\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.					ional Standards for lable at cable number of persons o are 65 years of age or cory that would currently tional dependents whom and enter the result in nd enter the result in Line		
	Person	ns under 65 years of age		Pers	ons 65 years of age or ol	der		
	a1.	Allowance per person		a2.	Allowance per person			
	b1.	Number of persons		b2.	Number of persons			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					his information is le family size consists of	\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any						\$	
26	25B do Standar	bes not accurately compute rds, enter any additional an tion in the space below:	the allowance to which	you a	re entitled under the IRS I	Housing and Utilities	\$	

	Local Standards: transportation; vehicle operation/public transportation; expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense.				
27A	included as a contribution to your household expenses in Line 7. \square 0				
	If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	e "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$		
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction fo your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) \square 1 \square 2 or more.				
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Lithe result in Line 28. Do not enter an amount less than zero.	court); enter in Line b the total of the Average			
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$			
	b. 2, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$		
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	retirement contributions, union dues, and	\$		
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$		
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$		
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$		
36	Other Necessary Expenses: health care. Enter the total average mon health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	\$		

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$		
	Subpart B: Additional Living Expense Deductions			
	Note: Do not include any expenses that you have listed in Lines 24-37			
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.			
39	a. Health Insurance \$			
	b. Disability Insurance \$			
	c. Health Savings Account \$			
	Total and enter on Line 39	\$		
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$			
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.			
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$		
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local			
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary			
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National			
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$		
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$		

			Subpart C: Deductions for De	bt F	Payment		
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.						
		Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance	
	a.			\$ To	otal: Add Lines	□yes □no	\$
Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.							
	a.	Name of Creditor	Property Securing the Debt		1/60th of t	he Cure Amount	
						Total: Add Lines	\$
49	priority tax, clind support and anniony claims, for which you were hable at the time of your bankruptcy fining.					\$	
		oter 13 administrative expense ing administrative expense.	s. Multiply the amount in Line a by the	amo	ount in Line b, a	nd enter the	
50	a. b.	issued by the Executive Offi	Chapter 13 plan payment. listrict as determined under schedules ce for United States Trustees. (This ww.usdoj.gov/ust/ or from the clerk of	\$ x			
	c.	Average monthly administra	tive expense of chapter 13 case	To	tal: Multiply Li	nes a and b	\$
51	Total	Deductions for Debt Paymen	t. Enter the total of Lines 47 through 5	0.			\$
		;	Subpart D: Total Deductions f	rom	Income		
52	Total	of all deductions from incom	e. Enter the total of Lines 38, 46, and 5	51.			\$
	Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)						
53	Total	current monthly income. En	ter the amount from Line 20.				\$
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability						\$
55	wage	ified retirement deductions. It is as contributions for qualified from retirement plans, as speci	Enter the monthly total of (a) all amount retirement plans, as specified in § 541(b fied in § 362(b)(19).	ts wit	thheld by your e and (b) all requ	mployer from ired repayments of	\$
56	Total	of all deductions allowed und	ler § 707(b)(2). Enter the amount from	Line	e 52.		\$

	Deduction for special circumstances. If there are special there is no reasonable alternative, describe the special circumstances, list additional entries on a separate page. To provide your case trustee with documentation of these of the special circumstances that make such expense no	ow. nust					
57	Nature of special circumstances	Nature of special circumstances Amount of Expense					
	a.	\$					
	b.	\$					
	c.	\$					
		Total: Add Lines	\$				
58	Total adjustments to determine disposable income. Adresult.	ld the amounts on Lines 54, 55, 56, and 57 and enter the	he \$				
59	Monthly Disposable Income Under § 1325(b)(2). Subtr	ract Line 58 from Line 53 and enter the result.	\$				
	Part VI. ADDITIO	ONAL EXPENSE CLAIMS					
60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						

Expense Description Monthly Amount \$ \$ \$ \$ Total: Add Lines a, b, c and d \$

Part VII. VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)

Date: **February 21, 2011**

61

Signature: /s/ John George Augusta

John George Augusta (Debtor)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2010 to 01/31/2011.

Line 9 - Income from all other sources

Source of Income: VA Benefits

Income by Month:

6 Months Ago:	08/2010	\$349.18
5 Months Ago:	09/2010	\$349.18
4 Months Ago:	10/2010	\$349.18
3 Months Ago:	11/2010	\$349.18
2 Months Ago:	12/2010	\$349.18
Last Month:	01/2011	\$349.18
	Average per month:	\$349.18

Non-CMI - Social Security Act Income

Source of Income: **SSRET**

Income by Month:

6 Months Ago:	08/2010	\$1,295.00
5 Months Ago:	09/2010	\$1,295.00
4 Months Ago:	10/2010	\$1,295.00
3 Months Ago:	11/2010	\$1,295.00
2 Months Ago:	12/2010	\$1,295.00
Last Month:	01/2011	\$1,295.00
	Average per month:	\$1,295.00

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **08/01/2010** to **01/31/2011**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Auguta Construction Inc.

Income by Month:

08/2010	\$0.00
09/2010	\$0.00
10/2010	\$0.00
11/2010	\$3,650.00
12/2010	\$1,500.00
01/2011	\$2,400.00
Average per month:	\$1,258.33
	09/2010 10/2010 11/2010 12/2010 01/2011